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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14055

State File No.

FILED APR 23 1956

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>211</u>		PRIMARY REG. DIST. NO. <u>4324</u>		Registrar's No. <u>12-56</u>			
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>KANSAS</u> b. COUNTY <u>WYANDOTTE</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Tuscumbia</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphreys-Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1910 Wood Ave 815th 8</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>EARL</u> c. (Last) <u>Hosey</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 16 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7 April-1893 63</u>			
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired-Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Rail-Road</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Arlington Ky</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Jaacoe-Hosey</u>			13b. MOTHER'S MAIDEN NAME <u>GARY-SHOEMAKER</u>		14. NAME OF HUSBAND OR WIFE <u>Elsie-Hosey</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY <u>708-16-3482</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ELsie-Hosey-KANSAS-City Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis Chronic</u> ANTECEDENT CAUSES (b) <u>Coronary Artery Dis</u> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs 5 years</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>4-13-56</u> to <u>4-16-56</u> , that I last saw the deceased alive on <u>4-16-56</u> , and that death occurred at <u>9:30p</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. E. Humphreys DO</u>				23b. ADDRESS <u>Tuscumbia-Mo</u>		23c. DATE SIGNED <u>18 April 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>19 April-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELDON-MO</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON-MO</u>			
DATE REC'D BY LOCAL REG. <u>April 18, 1956</u>		REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M Kays</u>		ADDRESS <u>ELDON MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

APR 20 REC'D

MILLER COUNTY HEALTH
DEPARTMENT

APR 22 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Keith McKays*.....

Licensed Embalmer No. *399*.....

P. O. Address *Eldon*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.